

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

061

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date:

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pd 5-30-01 \$10
 # 11029
 Jan

1. NAME: Casey Thomas A. MF
Last First2. BUSINESSPHONE: (225) 248-20848555 United Plaza Boulevard Suite 5003. BUSINESS ADDRESS: Baton Rouge, LA 70809
Street and No. City State ZipMAILING ADDRESS: Same as above
Street and No. City State Zip4. EMPLOYER: Jones, Walker, Waechter, Poitevent, Carrere & Denegre, L.L.P.
8555 United Plaza Boulevard Suite 5005. EMPLOYER'S ADDRESS: Baton Rouge, LA 70809
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes, No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: Utilities, Inc. of LouisianaAddress: 201 Holiday Boulevard Suite 150, Covington, LA 70433Business or purpose: Providing Utilities services New Representation
Does this person pay you? NOIf No, who pays you? Jones, Walker, Waechter, Poitevent, Carrere & Denegre, L.L.P. Terminated Representation as of

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 MAY 30 2001
 BOARD OF ETHICS
 BATON ROUGE, LA

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM

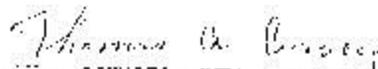
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2. Name _____
 Address _____
 Business or purpose _____
 New Representation
 Does this person pay you? _____
 If No, who pays you? _____
 Terminated Representation as of _____

3. Name _____
 Address _____
 Business or purpose _____
 New Representation
 Does this person pay you? _____
 If No, who pays you? _____
 Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [I.S.A.R.S. 24:50 et seq.] has been deliberately omitted.



 Signature of Lobbyist

Thomas A. Casey